DEPARTMENT OF SOCIAL SERVICES 14 P Street, Sacramento, CA 95814



July 22, 1998	REASON FOR THIS TRANSMITTAL				
	[] State Law Change				
	[] Federal Law or Regulation				
ALL-COUNTY LETTER NO. 98-54	Change				
	[] Court Order or Settlement				
	Agreement				
	[] Clarification Requested by				
	One or More Counties				
	[X] Initiated by CDSS				

TO:

ALL COUNTY WELFARE DIRECTORS

ALL COUNTY FISCAL OFFICERS

ALL COUNTY FOOD STAMP COORDINATORS

SUBJECT:

REPORTING REVISIONS FOR THE CALIFORNIA FOOD ASSISTANCE

PROGRAM (CFAP)

REFERENCE: ALL COUNTY INFORMATION NOTICE I-52-97, dated August 19, 1997

ALL COUNTY LETTER 97-50, dated September 3, 1997 ALL COUNTY LETTER 97-77, dated December 11, 1997 ALL COUNTY LETTER 97-84, dated December 31, 1997 ALL COUNTY LETTER 98-13, dated March 3, 1998

Several All County Letters have been issued in regard to the CFAP, which was implemented in California on September 1, 1997. All County Letter No. 98-13 informed counties of the need to use a new budget methodology to calculate the actual federal and actual state food stamp coupon value beginning March 1998. As a result of this change, the Food Stamp Program Participation and Coupon Issuance Report (DFA 256) was revised. A copy of the revised form is enclosed with this letter.

In addition, guidance was received from the Department of Agriculture - Food and Nutrition Service for reporting food stamp overissuances on the Fraud Investigation Activity Report (DPA 266) and the Status of Claims Against Households Report (FNS 209). The instructions for reporting food stamp overissuances are enclosed as Attachment I and Attachment II, respectively.

Effective with the March 1998 DFA 256 report, counties are to report actual federal and actual state food stamps issued during the month. If your county will not be able to report the actual federal and actual state food stamp coupon value on the March 1998 report, contact Virginia Uchida at (916) 445-6731 as soon as possible and provide her with an estimate of when the reports will be available.

If you have questions regarding the forms or instructions forwarded with this letter, please contact:

FORM

CONTACT

Food Stamp Program Participation and Coupon Issuance Report (DFA 256)

Reports Unit
Bruce Lerner - (916) 322-9809

Status of Claims Against Households (FNS-209)

Fund Accounting and Reporting Bureau
James Cortes - (916) 657-3131
Janet Lopez - (916) 654-0931

Fraud Investigation Activity Report (DPA 266)

Reports Unit Carol Peterson - (916) 323-7887

If you have general CFAP questions, contact Alan Rowe of the Food Stamp Bureau at (916) 653-5208, or for Fraud Program questions, contact Rick Tibbetts at (916) 323-5674.

JOHN H. WILSON

Deputy Director

Program Planning and Performance Division

Attachments

c: CWDA

ATTACHMENT I

DPA 266, FRAUD INVESTIGATION ACTIVITY REPORT

Reference: ACL 97-81 (dated December 29, 1997) Impact of the California Food Assistance Program (CFAP) for Legal Immigrants on the DPA 266, Fraud Investigation Activity Report

The purpose of this attachment is to provide revised reporting instructions to the county welfare departments and special investigative units on the DPA 266, Fraud Investigation Activity Report, due to the implementation of the California Food Assistance Program (CFAP) for Legal Immigrants.

Food and Nutrition Services (FNS) has provided the California Department of Social Services with a methodology for identifying and reporting overissuances and collections for **combined** food stamp households on the DPA 266 during the September 1997 through February 1998 period. In addition, effective with the March 1998 report month, a methodology has been developed to identify overissuances and collections based on the implementation of the new budget computation for **combined** households. This would affect Part A, Section IV, Item 21, Total Fraud Overpayments Identified (Dollar Amounts), and Part E, Item 1, Total Collected During Prior Month (Dollar Amounts), on the DPA 266. As stated in ACL 97-81, a **combined** food stamp household is defined as a household that receives both federal and state-only food stamp benefits.

Interim Reporting Period: September 1997 through February 1998

The revised methodology to identify the federal and state-only portion of a **combined** household overissuance will be based on your individual county's combined persons count ratio as reported on the DFA 256, Participation and Coupon Issuance Report - Food Stamp Program. The DFA 256 was revised effective the September 1997 report month due to the implementation of CFAP. (See ACL 97-77, dated December 11, 1997.) Each county's ratio may change on a monthly basis due to changes to the combined CFAP household and number of persons in those households.

For example, in January 1998, if the total number of persons in **combined** households is 1,000 in a county and the number of state-only persons is 300 (as reported on the DFA 256), the federal ratio would be .70 (700/1,000) and the state-only ratio would be .30 (300/1,000). If a combined household has an overissuance of \$100 for the month of January 1998, the federal overissuance would be \$70 ($$100 \times .70$) and the state-only overissuance would be \$30 ($$100 \times .30$).

When there are multiple months of overissuances identified during the interim reporting period for **combined** households, the federal and state-only overissuance for each month should be determined based on your county's respective monthly persons count ratio for combined households for each month the overissuance occurred. The total overissuance amount would then be reported on the DPA 266 in the month it was identified. Any identified overissuances which occurred prior to September 1, 1997 are federal overissuances since it is prior to the implementation of CFAP.

When overissuances for a **combined** household are collected, the collection amount should be shared and based upon the federal and state-only ratios of the **total** overissuance. The federal ratio would be calculated by dividing the total federal overissuance amount by the total overissuance amount. The state ratio would be calculated by dividing the total state-only overissuance amount by the total overissuance

For those households composed of all individuals in the CFAP (i.e., state-only persons) with a CFAP overissuance and/or collection, the entire overissuance and collection should be reported and separately identified in Column 5, Part A, Section IV, Item 21 (Total Fraud Overpayments Identified) and Part E, Item 1, (Total Collected During the Prior Month), as instructed in ACL 97-81. The state share of the **combined** food stamp household overissuance and collection should be added to those amounts. The state-only food stamp and the state share of the combined food stamp amount should be a **subset** of the total overissuance and collection amount being reported in Columns 2 and 3 (PAFS and NAFS columns).

Effective March 1998 Report Month

Effective with the March 1998 report month, the actual amount of overissuances and collections for **combined** CFAP households should be reported on the DPA 266. Based on the ACL 97-84 (dated December 31, 1997), effective March 1, 1998, the methodology for determining the CFAP coupon allotment for combined households is based on the following:

- 1. Calculate benefits for the entire household as if all members of the household are eligible for federal benefits.
- 2. Calculate benefits for the members of the household eligible for federal benefits.
- 3. Subtract benefits calculated in #2 from those benefits calculated in #1. The difference is the state-only cost.

When an overissuance has occurred, the federal and state-only share of the overissuance amount for a combined CFAP household is clearly identified. The overissuance is the difference between the household's actual allotment and the allotment amount, if any, they should have received.

Example:

CFAP Combined Household	<u>Federal</u>	<u>State</u>
Actual Allotment Received: Corrected Issuance Amount:	\$240.00 100.00	\$50.00 30.00
Amount of Overissuance:	\$140.00	\$20.00

Collections for combined cases will be shared by both the State and FNS. The methodology for collections is the same as during the interim reporting period and will be based on the federal and state liability ratios. Using the above example, for any collections received, the federal ratio would be .875 percent (\$140 federal overissuance amount/\$160 total overissuance amount) and the state ratio would be .125 (\$20 state overissuance amount/\$160 total overissuance amount). Report all CFAP overissuances and collections in the appropriate line items as instructed in ACL 97-81.

It should also be noted that the Federal Food Stamp Program and CFAP should be treated as separate programs for purposes of recovering overissuances. Overissuances due in one program should not be used to repay an overissuance for the other program. For example, a Federal overissuance should not be repaid using CFAP benefits.

ATTACHMENT II

FNS-209, STATUS OF CLAIMS AGAINST HOUSEHOLDS

As specified in the California Food Assistance Program (CFAP) State Plan, CFAP claims are not federal debts and, therefore, must <u>not</u> be included on the FNS 209 report. Please continue to follow current FNS 209 instructions when preparing your quarterly "Status of Claims Against Households" report. An exception to this is on Line 29, REMARKS section. On this line separately identify CFAP cash collections noting "CFAP cash collections \$_____" (see attached).

Interim Reporting Period: September 1997 through February 1998

During the months of September 1997 through February 1998, for purposes of separating the federal and state portions of an unspecified overpayment claim from a **combined** household, calculate the federal and state portion based on your individual county's combined persons count ratio as reported on the DFA 256, Participation and Coupon Issuance Report- Food Stamp Program. For example, in January 1998, if the total number of persons in **combined** households is 1,000 in a county and the number of state persons is 300 (as reported on the DFA 256), the federal ratio would be .70(700/1,000) and the state ratio would be .30 (300/1,000). If a combined household has an overissuance of \$100 for the month of January 1998, the federal overissuance would be \$70 (\$100 x .70) and the state overissuance would be \$30 (\$100 x .30). Each county's ratio may change from month to month due to the persons count in the combined CFAP households.

When there are multiple months of overissuances identified during the interim reporting period for **combined** households, the federal and state overissuance for each month should be determined based on each county's respective monthly persons count ratio for combined households for each month in which an overissuance occurred. The federal overissuance claim amount would then be reported on the FNS 209 report in the quarter it was identified. Any identified overissuances which occurred prior to September 1, 1997, are federal claims since they occurred prior to the implementation of CFAP.

Effective March 1, 1998

Based on the ACL 97-84 (dated December 31, 1997), effective March 1, 1998, the methodology for determining the CFAP coupon allotment for **combined** households is based on the following:

- 1. Calculate benefits for the entire household as if all members of the household are eligible for federal benefits.
- 2. Calculate the benefits for the members of the household eligible for federal benefits.
- 3. Subtract the benefits calculated in #2 from those benefits calculated in #1. The difference is the state-only cost.

After March 1, 1998, when a claim has been established, the federal and state-only share of the claim amount for a **combined** CFAP household is clearly identified. The claim is the difference between the household's actual allotment and the allotment amount, if any, they should have received.

Collection of Claims for Combined Households

When claims for a **combined** household are collected, the collection amount should be shared between the federal and state liability based upon the federal and state-only ratio of the total claim. The federal ratio would be calculated by dividing the total federal claim amount by the total amount. The balance would be the state ratio. These ratios would then be applied to the collection amount to determine the federal and state-only CFAP share of the collection.

Example:

CFAP Combined Household	Combined	<u>Federal</u>	<u>State</u>
Actual Allotment Received Correct Issuance Amount	\$290.00 130.00	\$240.00 100.00	\$50.00 <u>30.00</u>
Amount of Overissuance	\$160.00	\$140.00	\$20.00

Using the above example, for any collections received, the federal ratio would be .875 percent (\$140 federal overissuance amount/\$160 total overissuance amount) and the state ratio would be .125 (the balance of 1.000 - .875).

In Step #2 of the methodology, when the calculation of federal benefits results in a zero allotment level, the entire claim would be against the CFAP and any collection amount should be applied to CFAP. When the benefits calculated for the federal portion of the household exceed the combined allotment, the entire claim will be federal and any collection should be a federal reimbursement. Additional instructions for handling overissuances will be issued soon by the Food Stamp Bureau.

U.S. DEPARTMENT OF AGRICULTURE FOOD AND NUTRITION SERVICE

STATUS OF CLAIMS AGAINST HOUSEHOLDS

Α.

NUMBER

CLAIMS SUMMARY

3a, BEGINNING BALANCE b. BALANCE ADJUSTMENTS 4. NEWLY ESTABLISHED TRANSFER (+) or (-)

(See Instructions)

6. REFUNDS (20a+20b)

TOTAL 7. (3a+3b+4+5+6) 8. CLOSED

9. TERMINATED 10. COMPROMISED 11a, COLLECTION (18a) b. COLLECTION ADJ.

> TOTAL (See Instructions) ENDING BALANCE

13. (7 LESS 12)

17. OFFSET

18a. {14+15+16+17} b. (+) or (-)

c. (+) or (-)

TOTAL

19.

22.

23.

NON-CASH ADJ.

(See Instructions) 20a. CASH REFUNDS

TRANSFERS (+) or (-)

b. NON-CASH REFUNDS

21. (18a+18b+18c+19-20a-20b)

RETENTION AMOUNT

NET CASH COLLECTION

TOTAL SA RETENTION

TOTAL LETTER OF CREDIT ADJUSTMENTS

LOC ADJ. (+) or (-) (23-24) REIMBURSEMENTS DUE 26. FNS (See Instructions) **BILLING ADJUSTMENTS** (See Instructions)

(See Instructions)

(14+18b-20a)

(22A+22B)

COLLECTION SUMMARY

4. CASH, CHECK, M.O. IS. FOOD STAMPS 16. RECOUPMENT

5.

INTENTIONAL

AMOUNT

PROGRAM VIOLATION

	1a. STATE NAME	·	2a. QUARTER CON 1-FIRST 2-SECO	
	1b. STATE CODE		26. FISCAL YEAR	
	B. INADVE	ATENT DERROR		AGENCY ATIVE ERROR
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23.	(25+25-27)	EN OF CREDIT	AD303:18:E141				
I cc	rtify that the	above informa	tion is true an	d correct (o the best	of my	knowledge.

30. DATE 31. TITLE

FORM FNS-209 (6-86)

No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by regulation (7 C.F.R. 273).

32. SIGNATURE

STATE OF CALIFORNIA - HEALTH AND WELFARE AGENCY

DEPARTMENT OF SOCIAL SERVICES

DEPARTMENT OF SOCIAL SERVICES

FOOD STAMP PROGRAM PARTICIPATION AND COUPON ISSUANCE REPORT

Tř	nis report is:	Original Sub	mission	COUNTY			COUNTY COD	PROJECT CODE		
		O								
			Revision	REPORT MONTH	AND YEAR					
		(NUMBER)								
		A.			B.			C.		
		Public Assistance			on-Public Assist			Total (A+B)		
1. TOTAL PARTICIPATION	Federal	Federal/State	State	Federal	Federal/State	State	Federal	Federal/State	State	
a. Number of Households										
b. Number of persons in federal only households										
c. Number of federal and state persons in Federal/State households										
d. Number of persons in state only households										
					T					
		A. MAIL	CONTRA	B. CTED OVER	_			D. TOTAL (A+B+C)		
		VIAIL		COUNTER		OUNTER		TOTAL (A+B+C)		
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2. TOTAL ISSUANCES										
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	ROUND TO NEAREST WHOLE DOLLAR, DO Federal		Federal/State		State					
		rederar		Federa			- State			
3. VALUE OF DOCUMENTED										
COUPON ISSUANCES	\$			\$	\$		\$			
					-					
REMARKS: (a) Explain month to month participation	changes in Ite	em1. Columns A ar	nd B. of plus o	r minus 5 percer	nt.					
EXAMPLE: Strikes, disaster, plant	-									
		_	المعاملة بإماما	ما 4 مسملا برما	C)					
(b) Explain month to month changes of S	pz or more per	person (item 3 Fe	derai divided	by item 1b, colur	mn C)					
COMMENTS:										
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NAME OF AUTHORIZED OFFICIAL	TITL	E			TELE	EPHONE NUMBER		DAT	Έ	
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DFA 256 (3/98)